

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

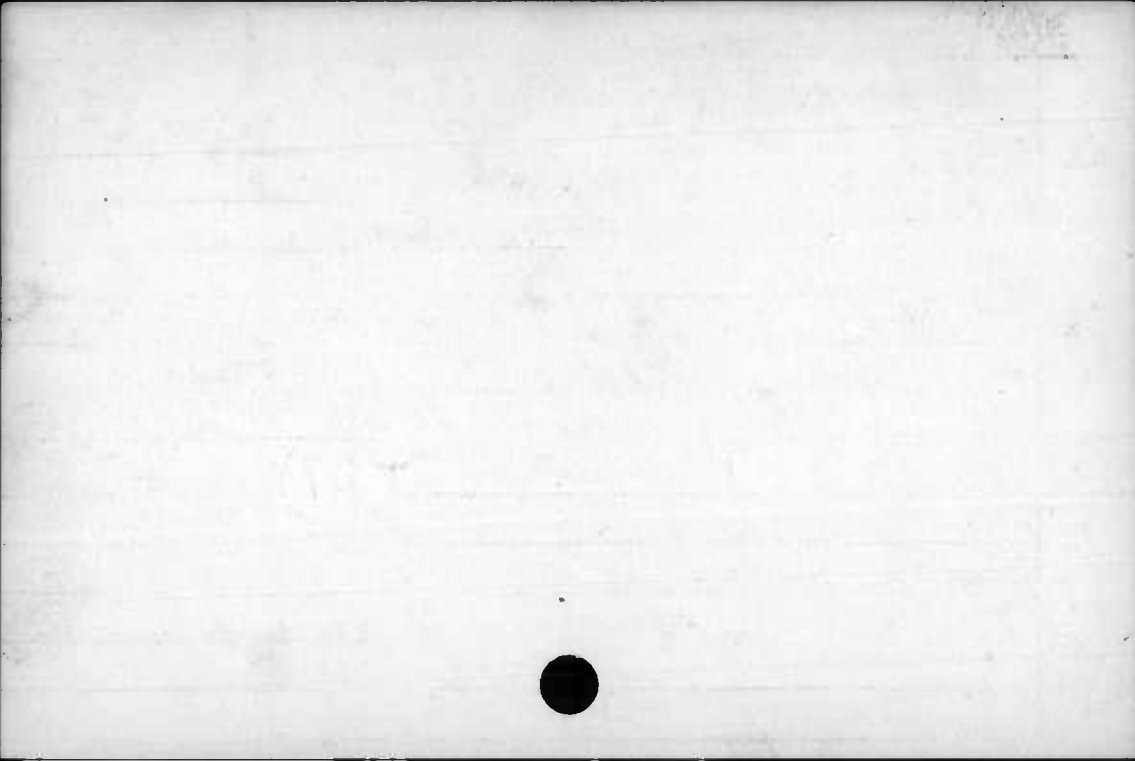
Name in Full <i>Sigie Brooks</i>		Town <i>Colesville</i>		County <i>Howard</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1908 June 14</i>		<i>17</i>		<i>9</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Edward Brooks</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Casey Howard</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Samuel Brooks</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i> ✓	How long	<i>3 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. F. Taylor</i>	
		Address <i>Laurel Md</i>	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

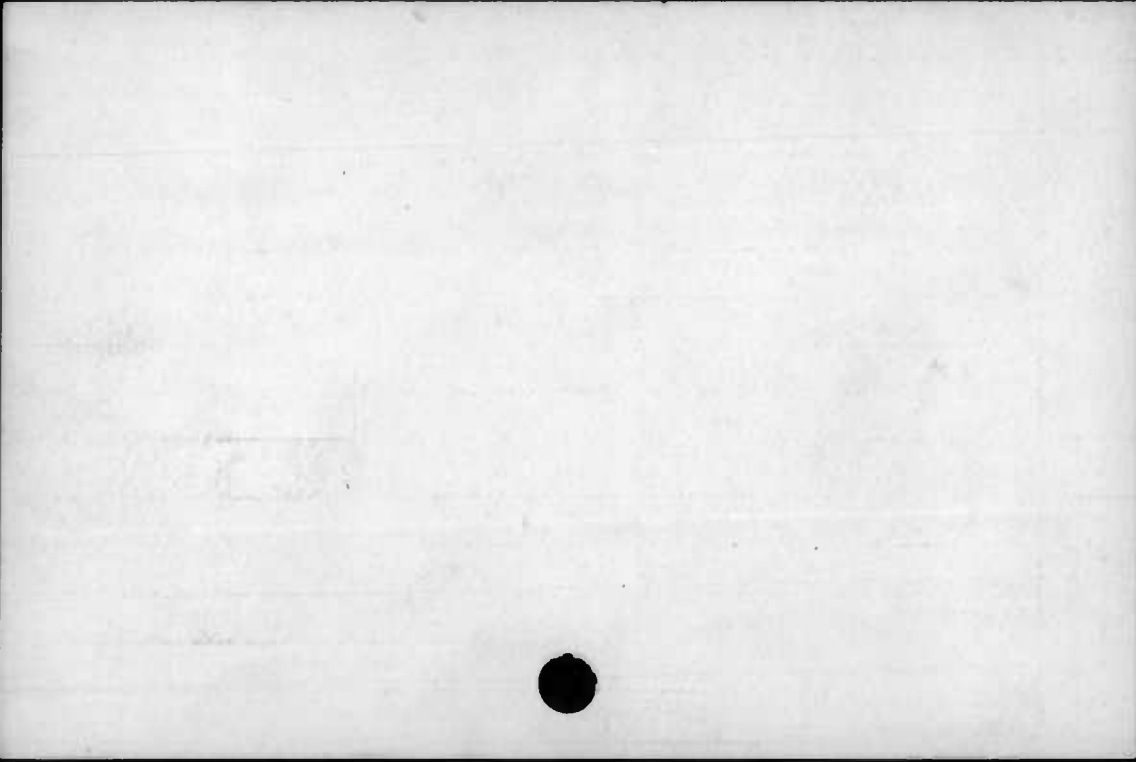
Died at <i>Woodstock</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>29</i>	Age	Years	Months
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>W H Brown</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Sadie Snyder</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>W H Brown</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

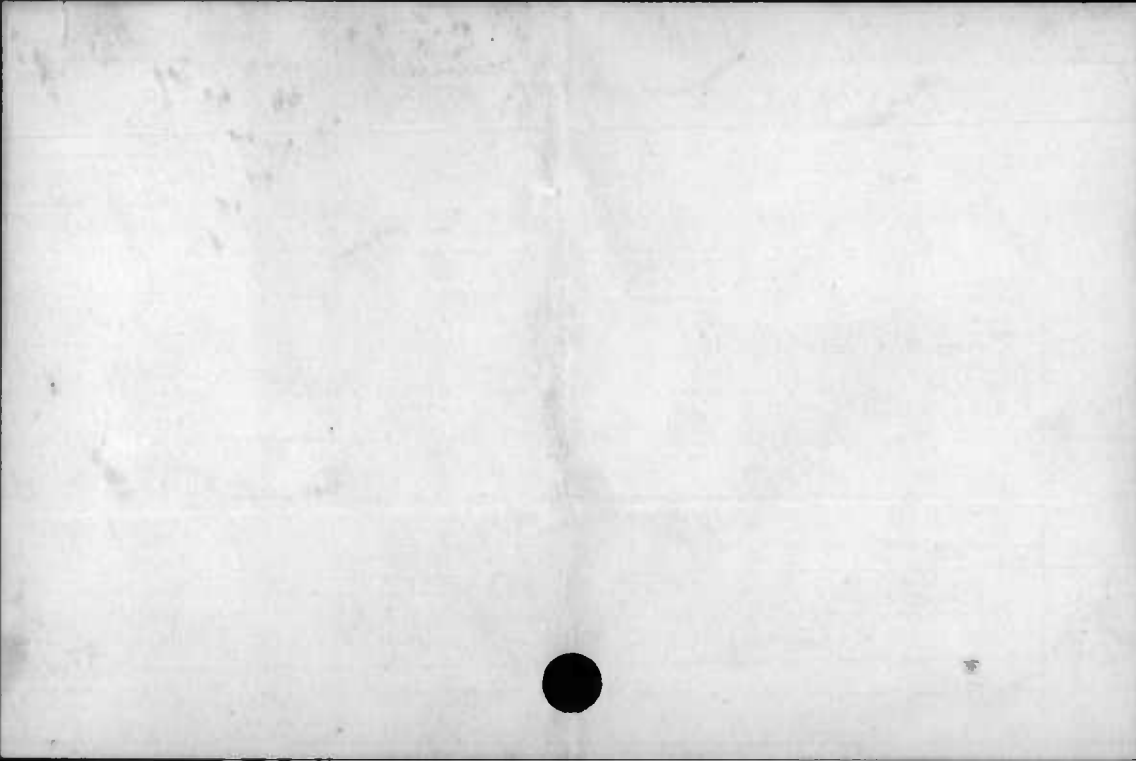
105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>1 day</i>
Immediate <i>Internal Convulsions</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. Triple</i>
	Address <i>Brant Ind</i>
Accident or Suicide? <i>—</i>	



Name in Full		Agnes Dubovie				<div style="text-align: right;">✓</div> CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Jessup</u> Town		<u>Howard</u> County		MARYLAND		
	Date of death <u>1908</u> Month <u>June</u> Day <u>22</u>		Age <u>6</u> Years		Months <u>6</u>		Days <u>—</u>
	Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Austria</u>		
	Occupation <u>School child</u>		Where Residing if not at place of death <u>—</u>				
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>				
	Father's Name <u>John Dubovie</u>				Father's Birthplace <u>Austria</u>		
	Mother's Maiden Name <u>Teresa Sumbek</u>				Mother's Birthplace <u>Austria</u>		
Name of person giving information <u>John Dubovie</u>				How related to deceased <u>Father</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Meningitis</u>		How long <u>8 day</u>		<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="font-size: 2em; font-weight: bold;">61</div> </div>		
	Immediate <u>Convulsions</u>		How long <u>48 hours</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>R. T. Hammond</u>		<u>Jessup</u> <u>Md.</u>		
	Address <u>—</u>		<div style="background-color: black; width: 40px; height: 40px; margin: 0 auto;"></div>				
	Accident or Suicide? <u>no</u>						



Name  
In  
Full

Alice Dutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Daisy</b> Town		County <b>Howard.</b>		MARYLAND	
Date of death <b>1908</b>	Month <b>June</b>	Day <b>21.</b>	Age <b>2.</b>	Months <b>—</b>	Days <b>22.</b>
Sex <b>Female.</b>	Color or Race <b>Negro.</b>		Birth-place <b>Md.</b>		
Occupation <b>None.</b>		Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>Single.</b>		Name of Wife or Husband <b>None.</b>			
Father's Name <b>Theodore J. Dutton.</b>		Father's Birthplace <b>Md.</b>			
Mother's Maiden Name <b>May Garner.</b>		Mother's Birthplace <b>Md.</b>			
Name of person giving information <b>Theodore J. Dutton.</b>		How related to deceased <b>Father.</b>			

## CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary	<b>Tuberculosis of Lung</b>	How long	<b>All its life.</b>
Immediate	<b>No physician was in attendance. Above diagnosis was made from father's description of case.</b>	How long	
Are the name, age, sex, color, date and place correctly given above? <b>I don't know.</b>		Physician	
		Address <b>J. W. D. Lacy.</b>	
		<b>Lisbon Md.</b>	
Accident or Suicide? <b>—</b>			





Name  
in  
Full

William E. Federline

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Highland <sup>County</sup> Howard

**Date** of death 1908 <sup>Month</sup> June <sup>Day</sup> 25 <sup>Years</sup> Age 64 <sup>Months</sup> — <sup>Days</sup> —

**Sex** Male **Color or Race** white **Birth-place** Md.

**Married, Single or Widowed** Married **Occupation** Farmer

**Name of Wife or Husband** Sarah E. Federline

**Father's Name** **Father's Birthplace** Ireland

**Mother's Maiden Name** **Mother's Birthplace** Ireland

**Name of person giving information** Leonard Federline **How related to deceased** Son

## CAUSES OF DEATH

81

PHYSICIAN  
OR CORONER

**Primary** Arterio-Capillary Sclerosis **How long** 3 or 4 yrs.

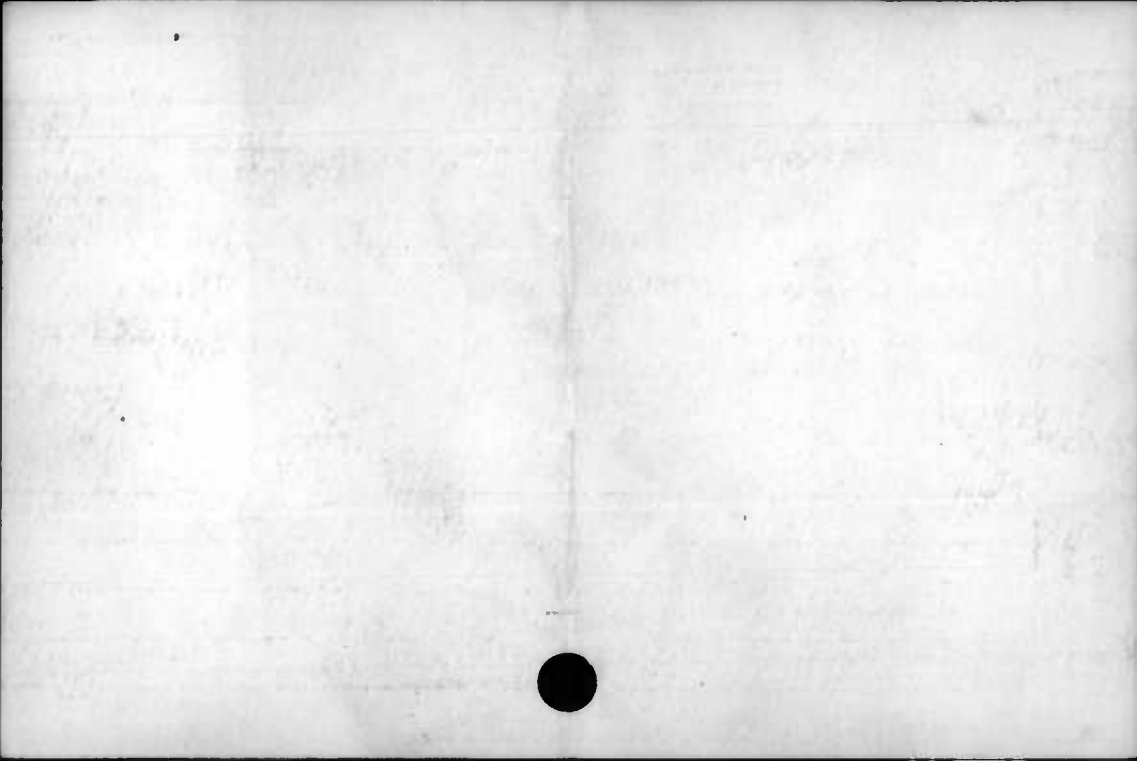
**Immediate** Cardiac Asthenia **How long** Progressive

**Are the name, age, sex, color, date and place correctly given above?** Yes

**Signature of Physician** W. W. L. Cussel

**Address** Highland Md.

**Accident or Suicide?**



Name  
in  
Full

Mary Anne Flood

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

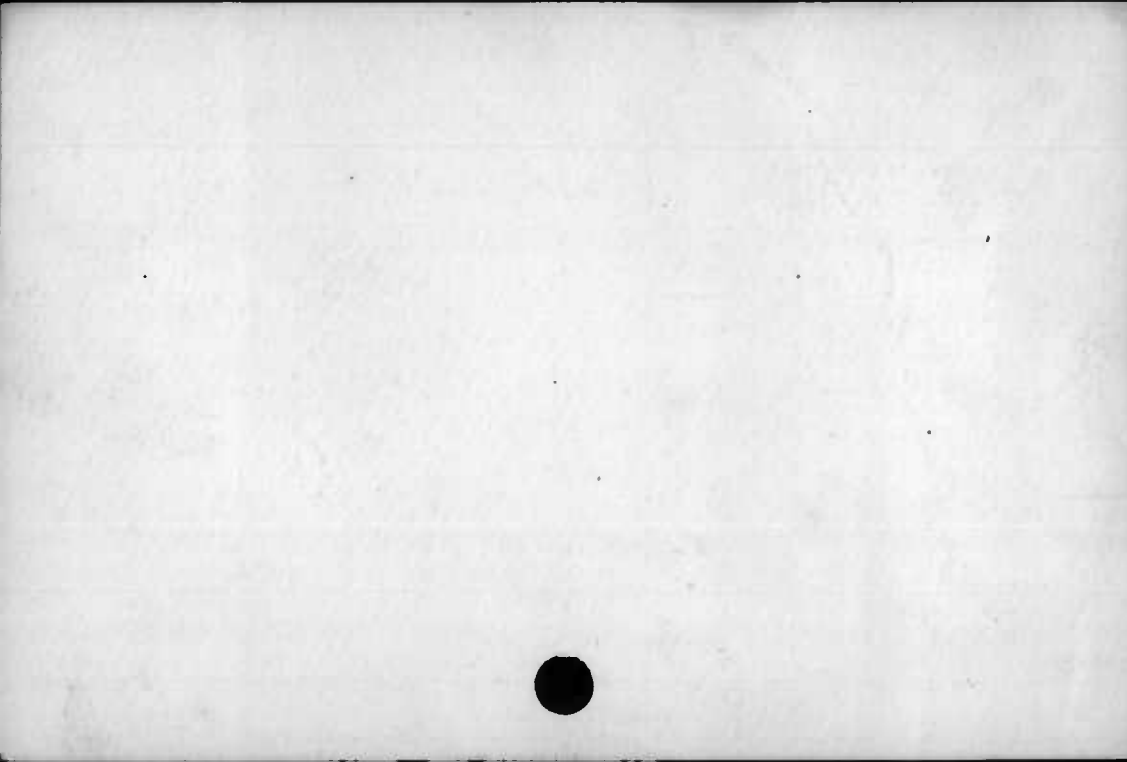
Died at <i>Elk Ridge</i>		County <i>Howard</i>		MARYLAND		
Date of death <i>1908</i>		Month <i>June</i>	Day <i>12</i>	Years <i>75</i>	Months <i>4</i>	Days <i>2</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>Resided at Elk Ridge</i>					
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Jones W Flood</i>					
Father's Name <i>Samuel Gaylor</i>	Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>not known</i>	Mother's Birthplace <i>not known</i>					
Name of person giving information <i>Mrs Ferdinand Barphage</i>	How related to deceased <i>niece</i>					

## CAUSES OF DEATH

(104)

PHYSICIAN  
OR CORONER

Primary <i>Liberty of age</i>	How long <i>one year</i>
Immediate <i>acute gastritis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>Elk Ridge Md</i>
Accident or Suicide? <i>no</i>	



Name in Full *Alice R Green*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

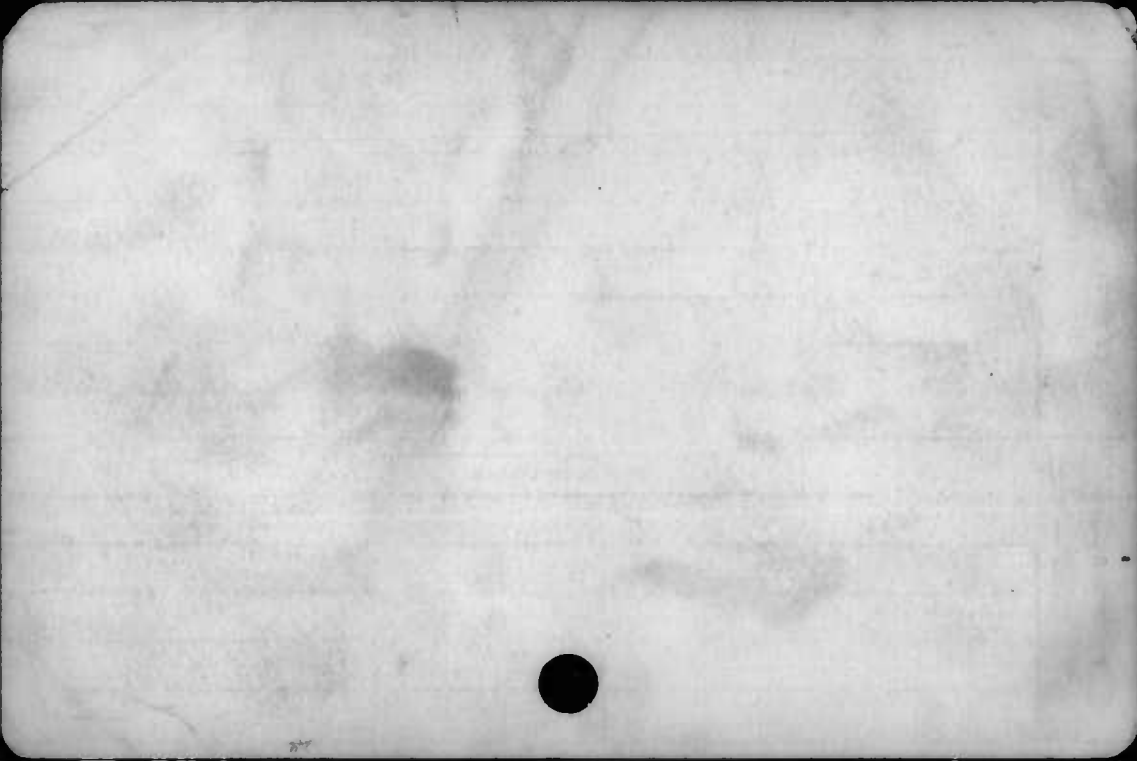
Died at <i>Elk Ridge</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	Month <i>6</i>	Day <i>23</i>	Age	Years <i>1</i>	Months <i>15</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Elk Ridge Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John W Green</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Lillian Green</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Lillian Green</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harrison Toppin</i>
	Address <i>Elk Ridge Md</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*[Signature]*

Name in Full <i>John Hebron</i>		Town <i>Lees</i>		County <i>Howard</i>		STATE <b>MARYLAND</b>	
Died <i>Lees</i>		Month <i>June</i>		Day <i>25</i>		Age <i>about 24</i>	
Date of death <i>1905</i>		Months <i>24</i>		Days <i>24</i>			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md.</i>			
Occupation <i>Salvager</i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Charles Hebron</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Alice Clark</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>James Mathews</i>		How related to deceased <i>Half brother</i>					
<div style="display: flex; justify-content: space-around; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; font-size: 2em; font-weight: bold;">27</div> </div>							
Primary <i>Pulmonary Tuberculosis</i>		How long <i>1 year</i>					
Immediate <i></i>		How long <i></i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. P. C. Bayley</i>					
		Address <i>Lees Md.</i>					
Accident or Suicide? <i></i>							

140<sup>00</sup>

has enclosing

12500

1

has Clause

12500

1



Name  
in  
Full

Arthur Raymond Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

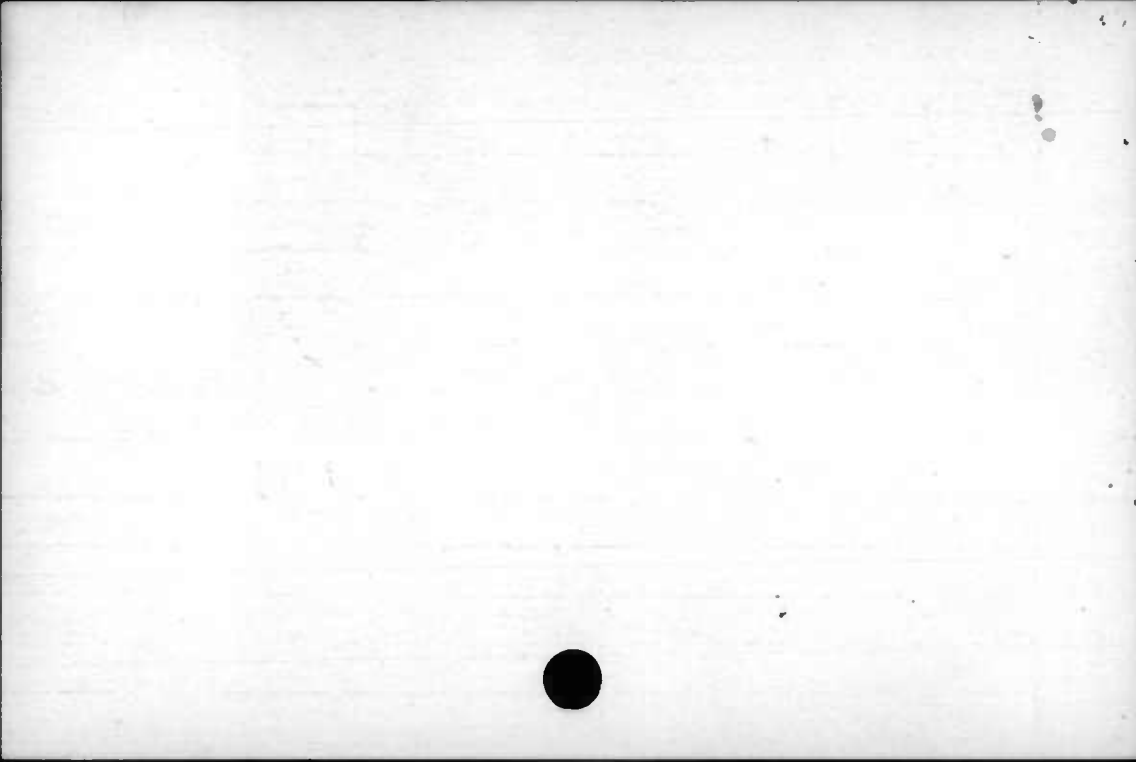
Died at <i>West Friendship</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>June</i>	Day <i>9</i>	Age <i>22</i>	Months <i>2</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>West Friendship</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>None</i>					
Father's Name <i>Clay Dorsey Hobbs</i>			Father's Birthplace <i>Howard Co.</i>		
Mother's Maiden Name <i>Mary Eva Carroll</i>			Mother's Birthplace <i>Howard Co.</i>		
Name of person giving information <i>Mary Eva Carroll</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>1 month</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. W. C. Steph Jr</i>
	Address <i>West Friendship Howard Co. Md.</i>
Accident or Suicide? <i>None</i>	



Name  
in  
Full

William Fermage King

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

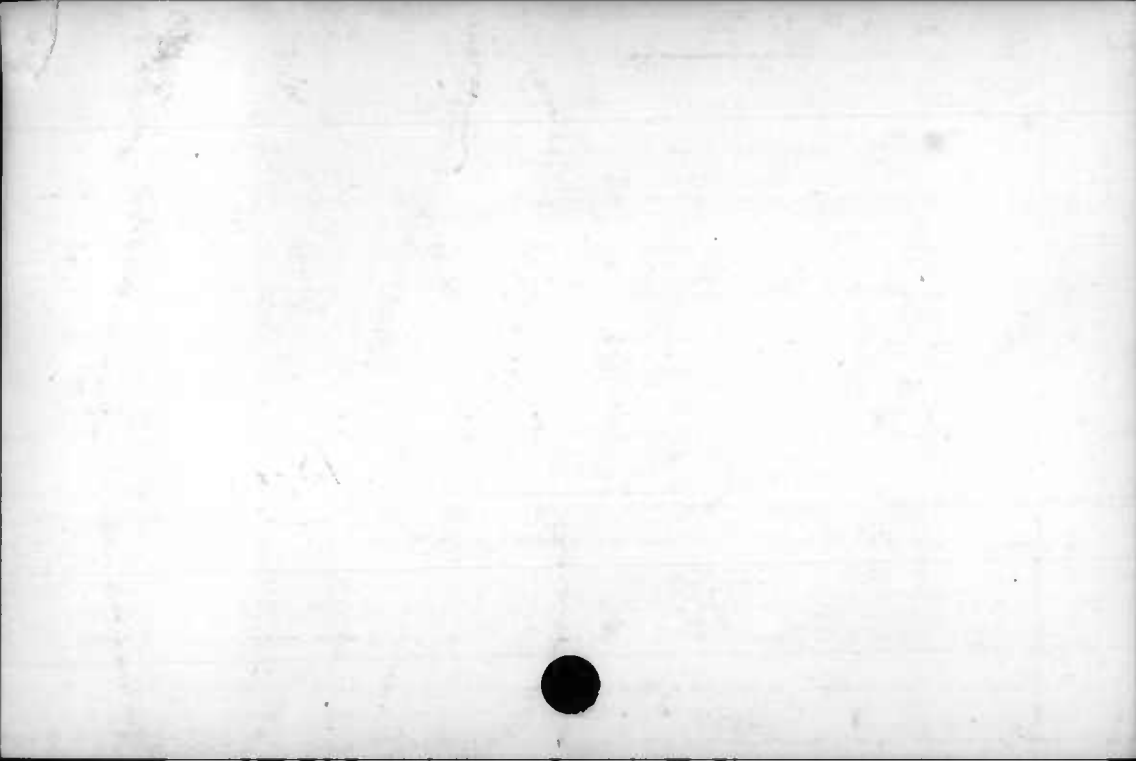
Died at <i>Annapolis</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>6</i> <sup>Month</sup>	<i>24</i> <sup>Day</sup>	Age <i>80</i>	<i>6</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Annap. Md.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>				
Father's Name <i>Wm F. King</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Elizabeth White</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mrs. Fannie Waters</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>Infirmities of Age</i>	How long <i>3 years</i>
Immediate <i>Exhaustion</i>	How long <i>progressive</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Minstern M.D.</i>
	Address <i>Savage Md</i>
Accident or Suicide? <i>no</i>	



Name  
in  
Full

Florence Lilley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

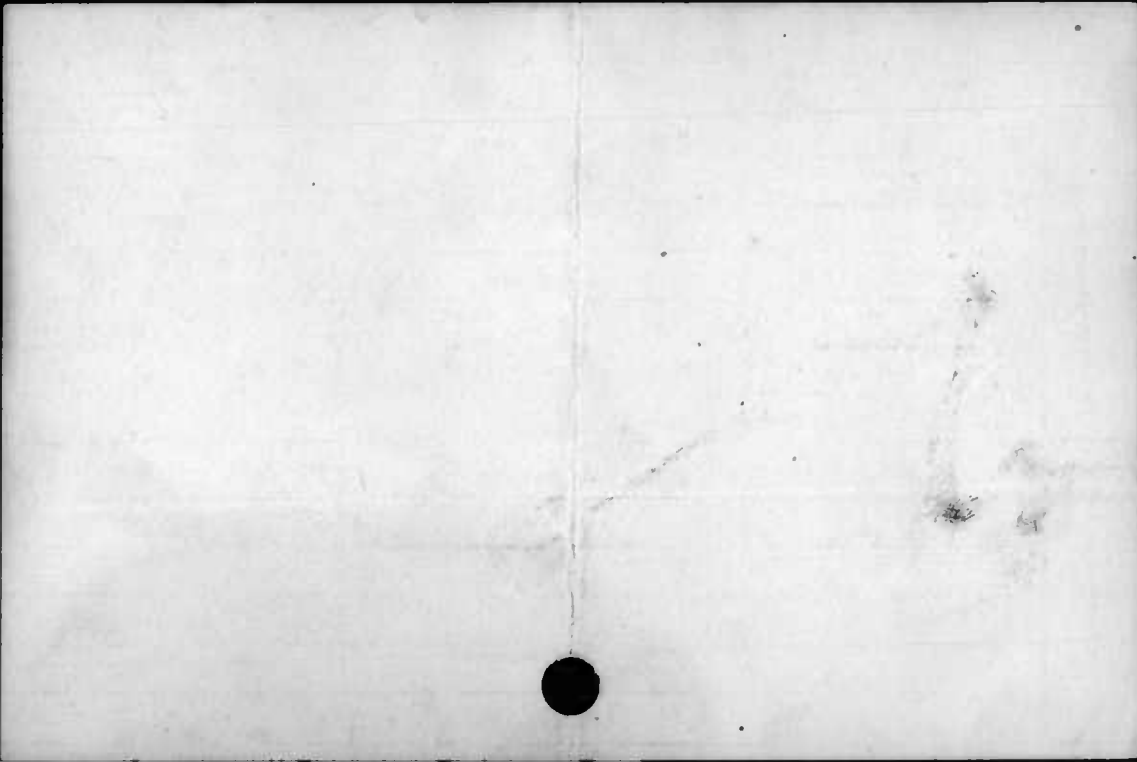
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		6	30			6	10
Sex		Color or Race		Birth-place			
Female		White		Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Single							
Father's Name				Father's Birthplace			
George H. Lilley				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Dora E. Watkins				Maryland			
Name of person giving information				How related to deceased			
Dora E. Lilley				Mother			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Enterocolitis	How long	3 week
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		R. T. Hammond,	
		Address	
		Jesseup,	
		Md.	
Accident or Suicide?			
no			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Thomas

MARYLAND

Died at ElkrIDGE

County

Howard

Months

Days

Date

Month

Day

Years

of death 1908 June

22

Age 18

Sex

Male

Color or  
Race

Black

Birth-  
place

Montgomery Co Md

Occupation

Laborer

Where Residing if not  
at place of death

ElkrIDGE &amp; Pk

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Not known

Father's  
Birthplace

dont know

Mother's  
Maiden Name

Georgeanna Thomas

Mother's  
Birthplace

Howard Co Md

Name of person giving  
In formation

William H Thomas

How related  
to deceased

uncle

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

one year

Immediate

Tuberculosis

How long

some

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

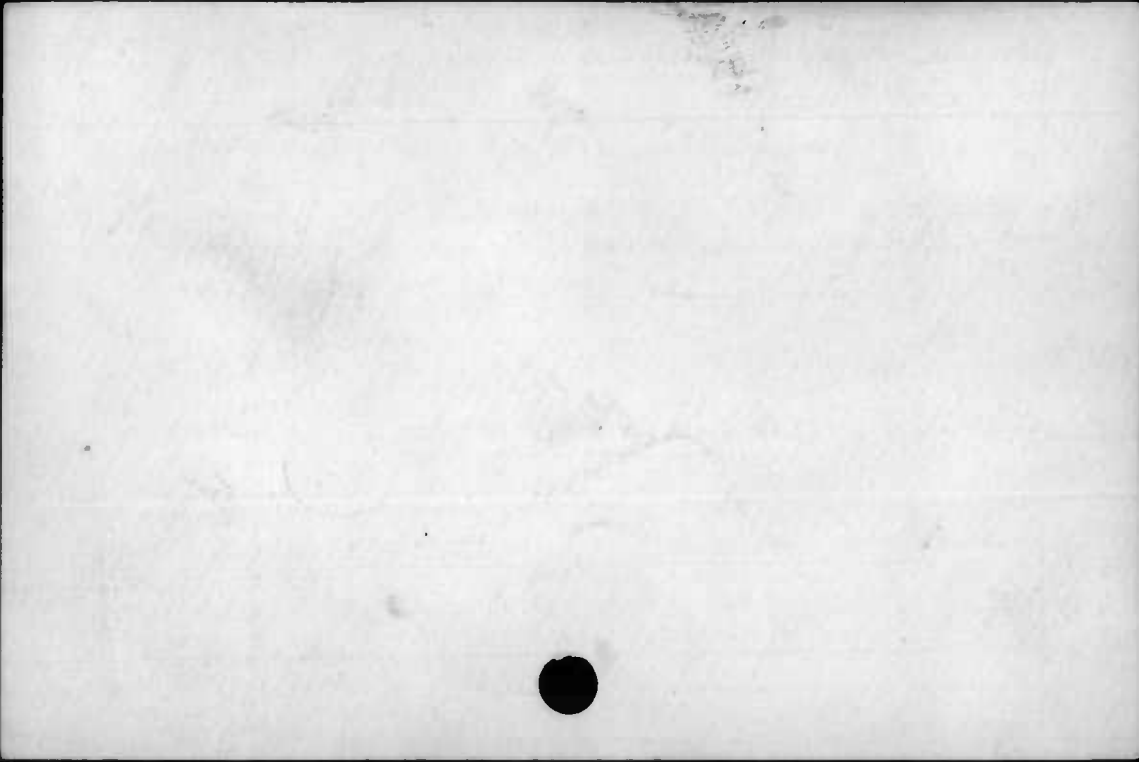
Arthur Williams

Address

ElkrIDGE Pk

Accident or Suicide?

No





Name  
in  
Full

Mattie Gertrude Weigandt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

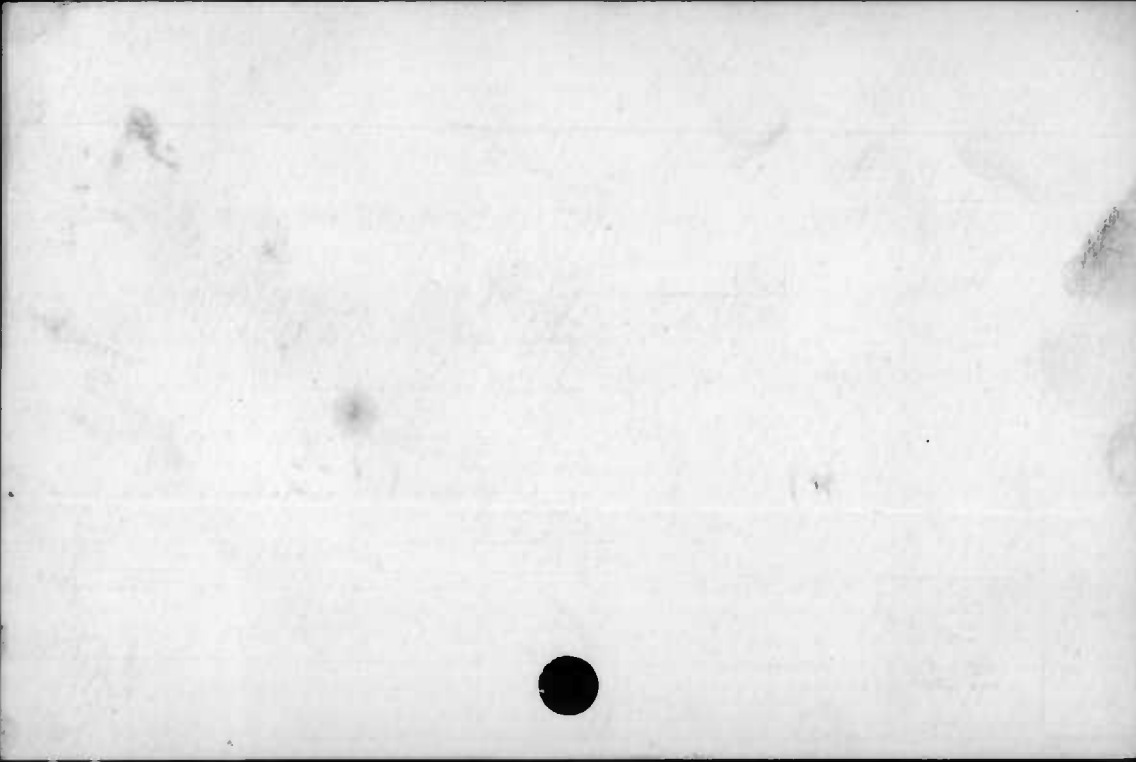
Died at <i>Harwood</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>June</i> <small>Month</small>	<i>1<sup>st</sup></i> <small>Day</small>	Age <i>33</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>27</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Harwood</i>			
Married, <del>Single</del> or <del>Widowed</del>		Name of <del>Wife</del> or Husband <i>R. Lee Weigandt</i>			
Father's Name <i>George B. Bennett</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Georgianna A. King</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Mrs. Geo. B. Bennett</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>5 years</i>
Immediate <i>Uraemia</i>	How long <i>12 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. R. Eareckson</i>
	Address <i>Eek Ridge, Md</i>
Accident or Suicide? <input type="checkbox"/>	



Name  
in  
Full

Evan White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Highland* Town*Howard* County

MARYLAND

Date of death *1908* Month *June* Day *21*Age *42* Years

Months

Days

Sex *Male*Color or Race *Colored*Birth-place *MD*Occupation *Laborer*Where Residing if not at place of death *Highland*Married, Single or Widowed *Married*Name of Wife or Husband *Martha A. White*Father's Name *Andrew White*Father's Birthplace *MD*Mother's Maiden Name *Elijah Lewis*Mother's Birthplace *MD*Name of person giving information *Martha A. White*How related to deceased *wife*

## CAUSES OF DEATH

81

PHYSICIAN  
OR CORONERPrimary *Arterio-Capillary Sclerosis*How long *5 yrs*Immediate *Aneurysm*How long *112 hours*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *N. M. L. Cissel*Address *Highland, MD.*

Accident or Suicide?

Hopkins chapel Highland